RIGHT-OF-WAY USE/EXCAVATION PERMIT APPLICATION

PERMIT NUMBER ROW	·
A ADDRESS (ROW ACTIVITY): DOCATION (S)	
****	G. EXCAVATIONS:
CONTRACTOR: YOUR NAME/CO.	# LENGTH WIDTH SURFACE LOCATION
ADDRESS CO. ADDRESS	WIDTH SURPACE ECCATION
PHONE: CO.	
LIC. NO: LIC NO: NDIVIDUAL	
CONTACT: PHONE_	BORES:
B. TYPE OF ACTIVITY COMMERCIAL, FILM	# OF BORES DIAMETER
TV ETC.	# OF BORES DIAMETER
	FOF BORES DIAMETER
4) DUMP/POD PLCMT ·6) EXT BLD WORK6) FIBER OPTICS	H. INDEMNIFICATION AGREEMENT:
	ALL PERMIT APPLICATIONS MUST BE SIGNED AND DATED: The
10) ROW EXCAVATION11) ROW USE12) SEWER TAP	petitioner/applicant hereby agrees to hold harmless, defend and to indemnify the Department of Metropolitan Development and the City of
13) TRAFFIC LN USE 14) UTILITY EXC 15) UTILITY USE	Indianapolis from or against all claims, action, damages and expenses, including but not limited to reasonable altorney's fees or any alleged
16) VALET PARKING17) WATER TAP	injury and/or death to any person or damage to any property arising, or
EMERGENCY:YESNO	part of the petitioner/applicant, his/her heirs, successors, or assigns regardless of whether such acts are the direct or indirect result of the
*REASON USE/EXCAVATION:	public right-of-way use pursuent to this permit grant.
C. DATES OF WORK:	I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.
FROM:TO:	
HOURS: (CHOOSE ONE OF THE FOLLOWING)	PRINT:
REGIONAL CENTER 9:00AM - 3PM THOROUGHFARE 8:15AM - 4PM	DATE:
RESIDENTIAL 7:00AM - 6PM NIGHT WORK 6:00PM - 6AM	SIGNATURE:
SPECIAL CONDITIONS	
D DISTRICT.	I. NOTARY USE ONLY:
D. DISTRICT: REGONAL CENTER (DOWNTOWN AREA)	FOR ANY APPLICANT NOT A GENERAL CONTRACTOR.
STREET CLASSIFICATION:	SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN
RESURFACED (1-5 YRS ASPH, 1-15 CONC) THROUGHFARE	AND FOR SAID COUNTY AND STATE,
RESIDENTIAL RCU (FOR UTILITY USE ONLY)	THIS DAY OF, YEAR
E. *CITY PRJ#: PRJ#:	STATE OF:
F. AREAS TO BE AFFECTED BY WORK:	COUNTY OF:
SIDEWALK	NOTARY PUBLIC:
SHOULDER	SIGNATURE:
CURB LANE/S # OF LANES USED	MY COMMISSION EXPIRES:
TRAFFIC LANE/S # OF LANES USED	
ENTIRE STREET CLOSURE: YES NO THE STREET CLOSURE: YES NO THE STREET CLOSURE: YOUR APPLICATION.	J. DATE RECEIVED: ISSUED: INSPECTOR: CONDITIONS:
# OF PARKING METERS NEEDED: BLOCKED REMOVED	FEE \$ CODE #
METER NUMBERS NEEDED.	
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